PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/614,532			ing Date 07/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
┢	BASIC FEE	_	N/A	LD NO	N/A		N/A	TEE (0)	ł	N/A	TEE (0)
Н	(37 CFR 1.16(a), (b), SEARCH FEF	or (c))							ł	<u> </u>	
Ľ	(37 CFR 1.16(k), (i),		N/A		N/A		N/A			N/A	
Ш	(37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A	
(37	CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *				x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	ts of pape 50 (\$125 ional 50 s .S.C. 41(	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
Ш	MULTIPLE DEPEN			TOTAL		1					
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								J	TOTAL	
										OTHER THAN SMALL ENTITY	
AMENDMENT	07/07/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 20	Minus	<b>~</b> 44	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 3	Minus	<del></del> 5	= 0	1	X \$110 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus		:	l	x \$ =		OR	x s =	
M	Independent (37 CFR 1.16(h))		Minus	***	-		x \$ =		OR	x \$ =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					]			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  * If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost life light by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.14. This collection in estimated is taking to 12 invalidate to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.